



Healthy Aging Update

Iowa Department of Elder Affairs

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Welcome

This issue of Healthy Aging Update continues to provide information on the Dietary Guidelines for Americans 2005 with this issue focusing on alcoholic beverages. Additional information provided in the newsletter is to serve as a resource for providing nutrition and health promotion services to older adults.

Alcoholic Beverages: Dietary Guidelines for Americans

The following information on alcoholic beverages is from the U.S. Department of Health and Human Services www.health.gov/DietaryGuidelines/

Overview

The consumption of alcohol can have beneficial or harmful effects depending on the amount consumed, age and other characteristics of the person consuming the alcohol, and specifics of the situation. In 2002, 55 percent of U.S. adults were current drinkers. Forty-five percent of U.S. adults do not drink any alcohol at all.¹⁵ Abstention is an important option. Fewer Americans consume alcohol today as compared to 50 to 100 years ago.

The hazards of heavy alcohol consumption are well known and include increased risk of liver cirrhosis, hypertension, and cancers of the upper gastrointestinal tract, injury, violence, and death. Moreover, certain individuals who are more susceptible to the harmful effects of alcohol should not drink at all. In addition, alcohol should be avoided by those participating in activities that require attention, skill, and/or coordination.

Alcohol may have beneficial effects when consumed in moderation. The lowest all-cause mortality occurs at an intake of one to two drinks per day. The lowest coronary

heart disease mortality also occurs at an intake of one to two drinks per day. Morbidity and mortality are highest among those drinking large amounts of alcohol.

KEY RECOMMENDATIONS

- Those who choose to drink alcoholic beverages should do so sensibly and in moderation—defined as the consumption of up to one drink per day for women and up to two drinks per day for men.
- Alcoholic beverages should not be consumed by some individuals, including those who cannot restrict their alcohol intake, women of childbearing age who may become pregnant, pregnant and lactating women, children and adolescents, individuals taking medications that can interact with alcohol, and those with specific medical conditions.
- Alcoholic beverages should be avoided by individuals engaging in activities that require attention, skill, or coordination, such as driving or operating machinery.

Discussion

Alcoholic beverages supply calories but few essential nutrients (see [table 16](#)). As a result, excessive alcohol consumption makes it difficult to ingest sufficient nutrients within an individual's daily calorie allotment and to maintain a healthy weight. Although the consumption of one to two alcoholic beverages per day is not associated with macronutrient or micronutrient deficiencies or with overall dietary quality, heavy drinkers may be at risk of malnutrition if the calories derived from alcohol are substituted for those in nutritious foods.

The majority of American adults consume alcohol. Those who do so should drink alcoholic beverages in moderation. Moderation is defined as the consumption of up to one drink per day for women and up to two drinks per day for men. Twelve fluid ounces of regular beer, 5 fluid ounces of wine, or 1.5 fluid ounces of 80-proof distilled spirits count as one drink for purposes of explaining moderation. This definition of moderation is not intended as an average over several days but rather as the amount consumed on any single day.

The effect of alcohol consumption varies depending on the amount consumed and an individual's characteristics and circumstances. Alcoholic beverages are harmful when consumed in excess. Excess alcohol consumption alters judgment and can lead to dependency or addiction and other serious health problems such as cirrhosis of the liver, inflammation of the pancreas, and damage to the heart and brain. Even less than heavy consumption of alcohol is associated with significant risks. Consuming more than one drink per day for women and two drinks per day for men increases the risk for motor vehicle accidents, other injuries, high blood pressure, stroke, violence, some

types of cancer, and suicide. Compared with women who do not drink, women who consume one drink per day appear to have a slightly higher risk of breast cancer.

Studies suggest adverse effects even at moderate alcohol consumption levels in specific situations and individuals. Individuals in some situations should avoid alcohol—those who plan to drive, operate machinery, or take part in other activities that require attention, skill, or coordination. Some people, including children and adolescents, women of childbearing age who may become pregnant, pregnant and lactating women, individuals who cannot restrict alcohol intake, individuals taking medications that can interact with alcohol, and individuals with specific medical conditions should not drink at all. Even moderate drinking during pregnancy may have behavioral or developmental consequences for the baby. Heavy drinking during pregnancy can produce a range of behavioral and psychosocial problems, malformation, and mental retardation in the baby.

Moderate alcohol consumption may have beneficial health effects in some individuals. In middle-aged and older adults, a daily intake of one to two alcoholic beverages per day is associated with the lowest all-cause mortality. More specifically, compared to non-drinkers, adults who consume one to two alcoholic beverages a day appear to have a lower risk of coronary heart disease. In contrast, among younger adults alcohol consumption appears to provide little, if any, health benefit, and alcohol use among young adults is associated with a higher risk of traumatic injury and death. As noted previously, a number of strategies reduce the risk of chronic disease, including a healthful diet, physical activity, avoidance of smoking, and maintenance of a healthy weight. Furthermore, it is not recommended that anyone begin drinking or drink more frequently on the basis of health considerations.

TABLE 16: Calories in Selected Alcoholic Beverages

This table is a guide to estimate the caloric intake from various alcoholic beverages. An example serving volume and the calories in that drink are shown for beer, wine, and distilled spirits. Higher alcohol content (higher percent alcohol or higher proof) and mixing alcohol with other beverages, such as calorically sweetened soft drinks, tonic water, fruit juice, or cream, increases the amount of calories in the beverage. Alcoholic beverages supply calories but provide few essential nutrients.

Beverage	Approximate Calories Per 1 Fluid Oz ^a	Example Serving Volume	Approximate Total Calories ^b
Beer (regular)	12	12 oz	144
Beer (light)	9	12 oz	108
White wine	20	5 oz	100
Red wine	21	5 oz	105
Sweet dessert wine	47	3 oz	141
80 proof distilled spirits (gin, rum, vodka, whiskey)	64	1.5 oz	96

^a Source: Agricultural Research Service (ARS) Nutrient Database for Standard Reference (SR), Release 17. (<http://www.nal.usda.gov/fnic/foodcomp/index.html>) Calories are calculated to the nearest whole number per 1 fluid oz.

^b The total calories and alcohol content vary depending on the brand. Moreover, adding mixers to an alcoholic beverage can contribute calories in addition to the calories from the alcohol itself.

¹⁵ Behavioral Risk Factor Surveillance System, Surveillance for Certain Health Behaviors Among Selected Local Areas-United States, Behavioral Risk Factor Surveillance System, 2002, MMWR, 53, No SS-05. <http://www.cdc.gov/brfss/>.



Individuals who consume three or more drinks of beer, liquor or wine on most days are at risk for having nutritional problems. Consider including information about alcoholic beverages in nutrition education programs. Note that one of the ten nutrition questions on the NAPIS registration asks about alcohol intake. Area Agencies on Aging can review NAPIS program data to identify if alcohol consumption is a concern for the groups being served. Aging Resources of Central Iowa Area Agency on Aging has developed educational brochures for each of the ten topics including alcoholic beverages. The brochures were previously shared with the Iowa Area Agencies on Aging.

Maximizing the Nutritional Value of Fruits and Vegetables

Fruits and vegetable are a major source of nutrients such as fiber, vitamins C, thiamin, riboflavin, B-6, niacin, foliate, A and E. They also contain phytochemicals which are healthful. While many fruits and vegetables are consumed fresh, some produce such as tomatoes, snap peas, corn, peaches, nectarines and pineapple are also consumed mainly as canned or frozen.

Fruits and vegetables are often the most attractive and health-promoting when harvested at their peak maturity, but most Americans do not have gardens to provide the recommended 5 -13 daily servings year round. In the U.S., fruits and vegetables spend up to five days in transit following harvest. At the store, fruits and vegetables may spend one to three days on display before being purchased and then stored in the home refrigerator another seven days before being eaten. During this time, nutrient content declines. The changes in nutrient levels depend on the nutrient, the food item, handling, storage, and home cooking conditions.

Research shows that by the time a fruit or vegetable is eaten, fresh, frozen, and canned versions may be nutritionally similar depending on the handling and processing. Loss of nutrients during fresh storage may be more substantial than consumers realize, so consumers should be educated about proper storage. Fruits and vegetables should be consumed shortly after harvest. A good diet should include a variety of fruits and vegetables, whether they are fresh, frozen, canned or dried.

This entire article maybe accessed at <http://members.ift.org/NR/rdonlyres/2A0E303A-9AA7-4B29-89D3-6776816A792D/0/0407produce.pdf>

Notes from Current Issues in Nutrition, April 19, 2007

Peter Martin, Iowa State University

Today 70 year olds can expect to live an addition 13 years (male) and 15.7 years (female). Longevity is impacted mainly (80%) by factors such as personality, cognitive abilities, social support, health behaviors, activities of daily living, mental health and coping. Genetic factors related to developing Alzheimer's disease, high blood pressure or inflammatory diseases can be turned on and off or triggered by environmental factors.

William Evans, University of Arkansas

Sarcopenia is the loss of muscle mass leading to decreased strength and functional capacity associated with frailty and falls in older adults. This occurs in more than 20% of people over 65 years of age. Loss of muscle mass results in higher health care costs: \$860 excess for each sarcopenic man and \$933 for each sarcopenic women. A 10% reduction in sarcopenia would save \$1.1 billion.

Progressive resistive exercises can build muscle mass and reverse sarcopenia. Death rates and admission rates to nursing homes decrease with improved physical fitness scores. Bed rest results in loss of muscle mass. This occurs at a faster rate for older adults than for younger adults.

Notes from Positioning Iowa OAA Nutrition Programs in the Healthy Aging Arena, April 20, 2007

Jean Lloyd, Administration on Aging

93.5% of older adults over 65 years of age live in the community while only 4.5 % live in nursing homes.

The AoA budget for the nutrition program is consistently greater than 50% of the entire budget.

The purpose of the OAA Nutrition Program (Section 330) is to:

1. Reduce hunger and food insecurity (Suggestions for doing this)

- Assess community hunger and food insecurity needs
- Plan and implement interventions
- Provide nutritious appealing meals
 - Meet preferences, special needs for therapeutic , religious reasons
 - Provide meals with food components that can be eaten safely later

- Provide holiday meals, emergency meals
- Increase meal service to more than 1 meal/day, more than 5 days/week for vulnerable populations
- Target services to vulnerable groups
- Offer service in senior housing
- Provide nutrition education on low cost food management
- Assist low income participants address access/transportation to grocery stores.
- Collaborate and coordinate with
 - Hunger network organizations
 - HCMS network
 - Ensure meals are included in Medicaid Waiver
- Refer low-income participants to other nutrition assistance programs, food pantries, Senior Farmers Market Nutrition Program
- Assist low income participants in applying for food stamps.
- Include questions on food security
 - Community nutrition assessments for planning services
 - HBCS uniform assessment forms
 - I & R or ADRC screenings
 - Identify appropriate referrals
- Train staff: nutrition, case managers, I&R staff about food insecurity.
- Include outcome and impact measures about food insecurity on evaluations.

2. Promote socialization of older individuals (suggestions for doing this)

- Assess community needs
- Assess and plan to meet needs
- Promote congregate dining
- Market Activities and services
- Promote wellness activities and services
 - Social, physical, cognitive, spiritual
 - Increase physical activity
 - Integrate support groups
- Link to leisure and learning services
- Link to mental health services
- Link to National Family Caregiver Support Program
- Promote volunteerism, Intergenerational activities
- Train staff
- Link to transportation services
- Collaborate with adult day care facilities
- Transition short term home delivered participants to congregate
- Include friendly visiting, telephone reassurance services for homebound
- Encourage staff interaction with homebound
- Include questions on social interactions on outcome and impact evaluation studies

3. Promote health and well being of older individuals (suggestions for doing this)

- Provide nutritious appealing meals
 - Meet DRI and Dietary Guidelines
 - Meet special dietary needs
 - Meet participant preferences
- Include nutrition screening, assessment, education and counseling including caregivers
- Provide or refer for medical nutrition therapy (Medicare)
- Address caregiver nutrition education for caregiver and care recipient
- Include questions on behavior changes on outcome and impact evaluations
- Offer services in senior housing
- Ensure nutritious, safe, appealing meals in adult day care
- Increase physical activity
- Integrate evidence base health promotion/disease prevention programs
 - Chronic disease self management, falls prevention, physical activity, mental health, medication management
- Provide support groups: diabetes, heart disease, caregivers
- Collaborate with:
 - Health departments
 - Parks and Recreation
 - Organizations such as American Heart Association
 - Universities
- Address health promotion needs of homebound and caregivers

Meal Service Flexibility

- Incorporate offer vs. serve
- Utilize consumer feedback mechanisms (satisfaction/value surveys, complaint boxes)
- Test food items before served
- Utilize computer assisted menu analysis to manipulate foods, nutrients, cost, forecasting
- Offer food items choice: entrée, vegetables, desserts
- Offer menu choices:
 - Hot meal/cold plate
 - Soup and salad
 - Soup and sandwich
 - Therapeutic menus
 - Meals to meet special dietary needs
- Educate clients
 - Nutrition education, health, functionality
 - Food choices

2nd National Survey of OAA Title III Participants

- Eat more balanced meals (HD 86%, Cong 70%)
- Better able to avoid sodium and fat (HD 81%, Cong 76%)
- Continue to live in own home (HD 91%, Cong 72%)

These individuals report that the meal provided their only source for the day of:

- Fruit (HD 38%, Cong 35%)
- Vegetables (HD 34%, Cong 31%)
- Dairy (HD 39%, Cong 32%)
- Meat (HD 51%, Cong 46%)
- Grain (HD 67%, Cong 62%)

These meals provide half or more of total daily food intake for 66% of home delivered meal participants and 56% of the congregate meal participants. The gross cost to provide a congregate meal to an older Iowan for one year is \$118 and a home delivered meal is \$631(2006 SPR).

Do Your Program Participants Know Their Medicare Benefits?

Medicare beneficiaries under utilize their preventive health benefits. To focus attention on these benefits, July 10, 2007, the Centers for Medicare and Medicaid along with the Administration on Aging will conduct a bus tour in Iowa. In Des Moines, the featured event will highlight the Stanford Chronic Disease Self Management Program which is offered in Polk, Linn and Blackhawk Counties.

Another preventive health benefit is medical nutrition counseling. Medicare allows qualifying patients with diabetes and kidney disease to receive three hours of medical nutrition therapy (MNT) from a registered dietitian in the first year and two hours of MNT in subsequent years? Medicare Part B also covers additional hours of MNT for changes in medical diagnosis, condition or treatment.

RESOURCES

Nutrition Education

- Definition of Nutrition Education according to AoA for NAPIS reporting <http://www.aoa.gov/prof/agingnet/NAPIS/docs/SPR-Modified-Form-11.08.04.pdf>. A program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness or health (as it relates to nutrition), information and instruction to participants, caregivers, or participants and caregivers in groups or individual settings overseen by a dietitian or an individual of comparable expertise.

- Portion Sizes: This website has resources including a power point presentation on portion sizes. The national lung and blood institute have a power point on this resource. <http://hp2010.nhlbi.nih.gov/portion/index.htm>

Health Promotion

- "Exploring the life expectancy gap: The divide is shrinking, but whites still live longer than blacks. One reason: Heart disease," by Susan Brink (_Los Angeles Times_, Mar. 26, 2007). Note: _LAT_ requires free registration before providing articles.

<http://www.latimes.com/features/printedition/health/la-he-life26mar26,1,1519131.story>

- The American Foundation for the Blind (AFB) has launched the AFB Senior Site (<http://www.afb.org/seniorsite>), designed for seniors losing their vision, their families, and the professionals who serve them. The site is rich with information including photos, videos, articles, and resource links to enhance the independence of older people beginning to experience vision loss. (<http://www.afb.org/seniorsite.asp?SectionID=68&DocumentID=3338>).

- Oral Health Tips from Heather Miller of the Iowa Department of Public Health: Individuals with dexterity problems or physical disabilities may find it difficult to hold onto a toothbrush or dental floss. This can be solved by using a few simple "home remedies" or devices listed below:
 - Use a wide elastic band to attach the brush to your hand.
 - Enlarge the brush handle with a sponge, rubber ball, or bicycle handle grip. Or wrap handle with adhesive tape.
 - Lengthen the handle with a piece of wooden or plastic such as a ruler, popsicle stick or tongue depressor.
 - Tie floss into a loop for easier handling.
 - Use an electric toothbrush or commercial floss holder.

- Flu Pandemic: A historical analysis to help plan for future pandemics. One of the persistent riddles of the deadly 1918 Spanish influenza pandemic is why it struck different cities with varying severity. Why some municipalities such as St. Louis were spared the fate of the hard-hit cities like Philadelphia when both implemented similar public health measures? What made the difference, according to two independent studies funded by the National Institutes of Health (NIH), was not only how but also how rapidly different cities responded. To learn more and view the complete press release visit: <http://www.nih.gov/news/pr/apr2007/niid-02b.htm>.

Health Literacy

- The Administration on Aging and the Office of Disease Prevention and Health Promotion of the US Department of Health and Human Services are providing a new resource. *Tools for Improving Health Literacy* is now available in online and

CD formats. These tools are designed to help aging professionals communicate effectively with older adults at all health literacy levels on issues such as long-term care, evidence-based disease prevention programs, and the CMS preventive health initiative *My Health, My Medicare*. Materials can be downloaded online at AoA's new Web page on Communicating with Older Adults at: <http://www.aoa.gov/prof/communicating/communicating.asp>

Food Safety

- **Take-Out and Delivered Foods:** In today's busy world, take-out and delivered foods are experiencing runaway popularity. Perishable foods can cause illness when mishandled. Proper handling of the food and the leftovers is essential to ensure the food is safe for you to eat. To keep hot foods safe, keep them at 140° F or above. Cold foods must be kept at 40° F or below. Bacteria grow rapidly between 40 and 140° F. Discard all perishable foods such as meat, poultry, eggs and casseroles left at room temperature longer than two hours; one hour in temperatures higher than 90° F. To learn more about safe handling of take-out foods, go to http://www.fsis.usda.gov/Fact_Sheets/Safe_Handling_Take-Out_Foods/index.asp.
- **Washing Produce:** Before eating or preparing, wash fresh produce under cold running tap water to remove any lingering dirt. This reduces bacteria that may be present. If there is a firm surface, such as on apples or potatoes, the surface can be scrubbed with a brush. Consumers should not wash fruits and vegetables with detergent or soap. These products are not approved or labeled by the Food and Drug Administration for use on foods. You could ingest residues from soap or detergent absorbed on the produce.

When preparing fruits and vegetables, cut away any damaged or bruised areas because bacteria that cause illness can thrive in those places. Immediately refrigerate any fresh-cut items such as salad or fruit for best quality and food safety.

http://www.fsis.usda.gov/Fact_Sheets/Does_Washing_Food_Promote_Food_Safety/index.asp

Planning for the Future

- "Elderly's failure to plan for future can spell trouble," by Dale Russakoff (_Washington Post_ via _Columbus [Ohio] Dispatch_, Apr. 1, 2007). http://www.columbusdispatch.com/dispatch/content/business/stories/2007/04/01/aging_plan.ART_ART_04-01-07_F3_FT671CB.html
- Check out the Iowa Life Long Links at <http://www.lifelonglinks.org/> for aging and disability resources. See if your nutrition program is listed.
- The AoA's Strategic Action Plan for 2007-2012 was released in May. This Plan continues AoA's focus to bolster the role of the Aging Services Network in long-

term care, and gives particular attention to implementing the new provisions in the Older Americans Act that reflect the key principles of Choices for Independence. As a result of the 2006 Amendments, the Act now authorizes all levels of the Network to actively promote the development of consumer-centered systems of long-term care, and specifically encourages the Network to implement Aging and Disability Resource Centers, evidence-based prevention programs, and flexible service models, including consumer-directed options, to help individuals avoid unnecessary nursing home placement and spend down to Medicaid. As outlined in this plan, these and other new provisions in the Act hold great potential for modernizing aging services in the 21st Century and enhancing the quality of life of our older citizens. A full copy of the Plan can be accessed on our [Strategic Plan webpage](#).

Did You Know?

The Iowa DHS Food Assistance (Food Stamps) application can now be completed online. Please share this link with program participants. <http://www.yesfood.iowa.gov/>

Food Stamp pilot programs have shown the following about older adults' participation. (<http://www.ers.usda.gov/Publications/CCR9-1/>)

Reducing the burden of applying for food stamps or enhancing benefits appears to increase participation of the elderly in the Food Stamp Program (FSP). Historically, low-income seniors ages 60 and older who qualify for FSP benefits participate at low rates because they feel it is not worth the effort to apply. To identify effective strategies for raising participation among this population, USDA designed three models, each using different techniques to reduce the barriers that seniors face in FSP participation. The techniques involve reducing the time and effort of applying for benefits, aiding seniors in navigating the application process, and giving seniors the option of receiving commodity packages instead of getting benefits through electronic benefits transfer cards. The models were tested as county demonstrations in six States between 2002 and 2004. This report presents the findings from an evaluation of the demonstrations. Successful demonstrations increased the number of participating seniors by 20-35 percent after 21 months of operation.

Pick a **better** snack

On the Go – With Peaches!

June is rose month! Along with roses being in bloom, peaches are making a seasonal come back at your grocer's produce stand. Did you know peaches are members of the rose family? That explains the sweet fragrance they give off when ripe. There are more than 700 varieties of peach grown throughout the world. Some Chinese varieties are even flat-shaped like hockey pucks! Peaches have been grown throughout the world

for centuries, but it's believed the fruit originated in China.

When choosing peaches, they should be fragrant with a creamy yellow and blush coloring. Peaches should give slightly with palm pressure when fully ripe. If your peaches aren't quite ripe when you buy them, place them in a paper sack and leave them on the counter for a couple days. They should soften up. Avoid peaches with a green color or signs of excessive softening or shriveling.

Wash. Pit. Eat. (How easy is that?)

Take Peaches With You!

- Coat peach slices with yogurt for an easy peaches and cream snack!
- Peaches taste great when mixed with low-fat cottage cheese.
- Pack a fresh peach when you're on the go for an easy, take anywhere snack.

Quick Nibble:

Since prehistoric times, peaches have been considered a symbol of longevity and immortality.

Pick a **better** snack™ was developed in partnership with the Iowa Nutrition Network and the USDA's Food Stamp Program and Team Nutrition – equal opportunity providers and employers. For more information about the Iowa Nutrition Network or the Chef Charles nutrition education program, call the Iowa Department of Public Health at (800) 532-1579. Note that short articles like the "On the Go with GrapeTomatoes" are on the IDPH web site and are available for use in newsletters or newspapers (http://www.idph.state.ia.us/pickabettersnack/social_marketing.asp).

Our Mission:

To provide advocacy, educational, and prevention services to older Iowans so they can find Iowa a healthy, safe, productive, and enjoyable place to live and work.

Iowa Department of Elder Affairs

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